

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2405*

House Bill No. 2606

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 37, Chapter 1, Part 4, is amended by adding the following as a new, appropriately designated section:

(a) By January 1, 2019, the department shall develop instructional guidelines for child safety training programs for members of professions that frequently deal with children who may be at risk of abuse. The instructional guidelines shall be used by the licensing boards listed in subsection (b) to create child safety training programs that will train the professionals on the common signs of child abuse and child sexual abuse, how to identify children at risk of abuse or sexual abuse, and the reporting requirements of this part. The department shall work with each licensing board to ensure that the child safety training program created by the board fully and accurately reflects the best practices for identifying and reporting child abuse and child sexual abuse as appropriate for each profession.

(b) The following licensing boards shall create, in conjunction with the department, child safety training programs as required by subsection (a):

- (1) Board of medical examiners, created by § 63-6-101;
- (2) Board of osteopathic examination, created by § 63-9-101;
- (3) Board of nursing, created by § 63-7-201; and
- (4) Board of social worker licensure, created by § 63-23-101.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.



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Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2071*

House Bill No. 2209

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 140, Part 3, is amended by adding the following as a new section:

(a) The department shall recognize hospitals that meet the criteria of a ST-elevation myocardial infarction (STEMI) receiving center or STEMI referring center.

Such recognition is limited to inclusion on a list, maintained by the department, of STEMI receiving centers and STEMI referring centers. The list shall be published on the department's division of emergency medical services' website.

(b) The department may recognize certification or accreditation from a department-approved nationally recognized certifying or accrediting organization, as sufficient to recognize a hospital as a STEMI receiving center or a STEMI referring center.

(c) To be recognized as a STEMI receiving center or a STEMI referring center by the department, a hospital must submit written notification to the board for licensing healthcare facilities and submit proof that the hospital meets the applicable criteria set forth by a department-approved nationally recognized certifying or accrediting organization.

(d) If a hospital loses its certification or accreditation, it shall notify the board for licensing healthcare facilities. The department must then remove the hospital from the department's list.



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(e) Each ambulance service shall develop and implement pre-hospital care protocol plans related to the assessment, treatment, and transport of STEMI heart attack patients by licensed emergency medical services personnel. The protocol shall include plans for the triage and transport of STEMI heart attack patients to the closest STEMI receiving center, or, when appropriate, to a STEMI referring center, based on nationally recognized clinical practice guidelines. The emergency medical services board has the authority to promulgate rules to implement and enforce this section.

(f) STEMI receiving centers are encouraged to coordinate, through agreement, with STEMI referring centers throughout the state to provide appropriate access to care for acute heart attack patients.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring

it.

Amendment No. _____

Signature of Sponsor

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Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2361

House Bill No. 2220*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 53, Chapter 10, Part 1, is amended by adding the following as a new section:

(a) As used in this section, and unless the context otherwise requires:

(1) "Misbranding" means either the federal definition under 21 U.S.C. § 352 or drugs or devices that are misbranded under § 53-10-106; and

(2) "Off-label" means the use of an United States Food and Drug Administration ("FDA")-approved drug, biological product, or device other than the use or uses approved by the FDA.

(b)

(1) A pharmaceutical manufacturer or its representatives may engage in truthful promotion of off-label uses.

(2) This section does not require a health insurance entity, as defined in § 56-7-109, other third-party payer, or other health plan sponsor to provide coverage for the cost of any off-label treatment. A health insurance entity, other third-party payer, or other health plan sponsor may provide coverage for an off-label treatment.

(c)

(1) Notwithstanding any other law, no official, employee, or agent of this state shall enforce or apply § 53-10-106(a)(2) against or otherwise prosecute a



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pharmaceutical manufacturer or its representatives for engaging in truthful promotion of off-label uses.

(2) Notwithstanding any other law, no state regulatory board may revoke, fail, or renew or take any other action against a pharmaceutical manufacturer's or representative's, healthcare institution's, or physician's license solely for engaging in truthful promotion of off-label uses.

SECTION 2. This act shall take effect July 1, 2018, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1515*

House Bill No. 2239

by deleting the amendatory language in Section 25 and substituting instead the following:

(b) A physician assistant shall, at all times, practice in collaboration with a licensed physician who has control of and responsibility for the services provided by the physician assistant and the duty of assuring that there is a proper collaboration with the physician and that the activities of the physician assistant are otherwise appropriate.

AND FURTHER AMEND by deleting the amendatory language in Section 34 of the bill and substituting instead the following:

The prescriptive practices of physician assistants and the collaborating physicians with whom such physician assistants are rendering services shall be monitored by the board and the committee.

AND FURTHER AMEND by deleting Sections 1, 2, 3, 4, 5, 6, 7, 11, 12, 13, 14, 15, 16, 17, 18, and 57 of the bill and renumbering the subsequent sections accordingly.



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Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1800*

House Bill No. 2240

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 38-1-101(a), is amended by adding the following at the end of the subsection:

No later than January 15 of each year, district attorney generals shall report the number of reports of a person who appeared to be suffering from or to have been the victim of female genital mutilation in violation of § 39-13-110 received pursuant to this subsection (a) to the senate judiciary committee and the criminal justice committee of the house of representatives.

SECTION 2. This act shall take effect July 1, 2018, the public welfare requiring it.



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Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1824*

House Bill No. 1927

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 33, Chapter 2, Part 4, is amended by adding the following as a new section:

(a) For purposes of this section:

(1) "Maintenance of certification" means any process requiring periodic recertification examinations or other activities to maintain specialty medical board certification; and

(2) "Organized medical staff" means an organized body composed of individuals appointed by a facility's governing board that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the facility.

(b) Except as otherwise provided by this section, facilities licensed under this title may only differentiate between licensed physicians based on a physician's maintenance of certification in medical staff privileging and credentialing when authorized through the following process:

(1) The voting members of the facility's organized medical staff vote to adopt the differentiation; and

(2) The facility's governing body reviews and approves the action of the medical staff.

(c) An authorization described by subsection (b) may:

(1) Establish terms applicable to the facility's differentiation, including:



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(A) Appropriate grandfathering provisions; and

(B) Limiting the differentiation to certain medical specialties; and

(2) Be rescinded at any time when:

(A) The voting members of the facility's organized medical staff vote to rescind the differentiating action; and

(B) The facility's governing body reviews and approves the rescinding action of the organized medical staff.

(d) Nothing in this section restricts a facility's ability to differentiate between physicians in medical staff privileging and credentialing based on a physician's maintenance of certification when:

(1) The facility's designation under law or certification or accreditation by a national certifying or accrediting organization is contingent on the facility requiring a specific maintenance of certification by physicians seeking staff privileges or credentialing at the facility; and

(2) The differentiation is limited to those physicians whose maintenance of certification is required for the facility's designation, certification, or accreditation as described by subdivision (d)(1).

(e) Nothing in this section requires a facility's organized medical staff or governing body to reconsider or vote to reconsider maintenance of certification differentiation or requirements made prior to July 1, 2018.

SECTION 2. Tennessee Code Annotated, Title 56, Chapter 7, Part 10, is amended by adding the following as a new section to be appropriately designated:

(a) As used in this section:

(1) "Continuing medical education" means board of medical examiners or board of osteopathic examination required continued postgraduate medical education intended to provide medical professionals with knowledge of new developments in the professional's field;

(2) "Maintenance of certification" means any process requiring periodic recertification examinations or other activities to maintain specialty medical board certification;

(3) "Maintenance of licensure" means the proprietary framework for physician license renewal established through the Federation of State Medical Boards or its successor organization, which includes additional periodic testing or requirements other than continuing medical education; and

(4) "Specialty medical board certification" means certification by a board that specializes in one (1) particular area of medicine and typically requires additional examinations other than the requirements of the board of medical examiners or board of osteopathic examination to practice medicine.

(b) A health insurance entity, as defined in § 56-7-109, shall not deny reimbursement to or prevent a physician licensed pursuant to title 63, chapter 6 or 9 from participating in any of the insurance entity's provider networks based solely on a physician's decision not to participate in any form of maintenance of licensure or maintenance of certification, including basing a physician's network participation on any form of maintenance of licensure tied to maintenance of certification.

(c) A health insurance entity, as defined in § 56-7-109, shall not discriminate with respect to reimbursement levels based solely on a physician's decision not to participate in any form of maintenance of licensure or maintenance of certification, including basing a physician's reimbursement level on any form of maintenance of licensure tied to maintenance of certification.

SECTION 3. Tennessee Code Annotated, Title 68, Chapter 11, Part 2, is amended by adding the following as a new section:

(a) For purposes of this section:

(1) "Maintenance of certification" means any process requiring periodic recertification examinations or other activities to maintain specialty medical board certification; and

(2) "Organized medical staff" means an organized body composed of individuals appointed by a facility's governing board that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the facility.

(b) Except as otherwise provided by this section, facilities licensed under this title may only differentiate between licensed physicians based on a physician's maintenance of certification in medical staff privileging and credentialing when authorized through the following process:

(1) The voting members of the facility's organized medical staff vote to adopt the differentiation; and

(2) The facility's governing body reviews and approves the action of the medical staff.

(c) An authorization described by subsection (b) may:

(1) Establish terms applicable to the facility's differentiation, including:

(A) Appropriate grandfathering provisions; and

(B) Limiting the differentiation to certain medical specialties; and

(2) Be rescinded at any time when:

(A) The voting members of the facility's organized medical staff vote to rescind the differentiating action; and

(B) The facility's governing body reviews and approves the rescinding action of the organized medical staff.

(d) Nothing in this section restricts a facility's ability to differentiate between physicians in medical staff privileging and credentialing based on a physician's maintenance of certification when:

(1) The facility's designation under law or certification or accreditation by a national certifying or accrediting organization is contingent on the facility requiring a specific maintenance of certification by physicians seeking staff privileges or credentialing at the facility; and

(2) The differentiation is limited to those physicians whose maintenance of certification is required for the facility's designation, certification, or accreditation as described by subdivision (d)(1).

(e) Nothing in this section requires a facility's organized medical staff or governing body to reconsider or vote to reconsider maintenance of certification differentiation or requirements made prior to July 1, 2018.

SECTION 4. This act shall take effect July 1, 2018, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1926*

House Bill No. 2122

by deleting all language after the caption and substituting instead the following:

WHEREAS, primary medical care is the foundation of an effective and efficient healthcare delivery system; and

WHEREAS, the State of Tennessee seeks to continually and effectively impact the healthcare shortages of rural and underserved populations of the State, attempts to prevent further closure of critical access and small community hospitals, and continues to address the opiate addiction crisis of the State; and

WHEREAS, there is a need to strengthen the primary medical care workforce through enhanced doctoral level training for non-physicians who can be a part of a patient care team providing improved access to high quality medical care within this State; and

WHEREAS, upon successful completion of a doctorate in a medical science program, a graduate will be eligible for an essential access practitioner license that will require ongoing collaboration with physicians and demonstration of competency in the practice of medicine as part of the patient care team providing primary medical care services within this State; and

WHEREAS, doctors of medical science function in team-based care with physician oversight manifest by licensing under the Board of Medical Examiners, advanced training by physicians in an accredited allopathic or osteopathic medical school, by physician sponsorship to enter and complete an essential access practitioner training program, and by license renewal requirements, including documentation of ongoing affiliation or association with physicians as members of the patient care team; and



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WHEREAS, it is important for essential access practitioners to have opioid awareness and receive training, through the doctor of medical science program, that is consistent with current recommendations and guidelines as it relates to the provision of primary care; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 32, is amended by adding the following new part:

63-32-201.

This part shall be known and may be cited as the "Essential Access Practitioner Act."

63-32-202.

As used in this part, unless the context otherwise requires:

- (1) "Board" means the board of medical examiners, created by § 63-6-101;
- (2) "Collaboration" means a formalized communication and decision-making process among members of a patient care team, including communication of data and information about the treatment and care of a patient and development of an appropriate plan of care;
- (3) "Essential access practitioner" means a healthcare practitioner licensed pursuant to this part;
- (4) "Patient care team" means a team of primary care providers, including one (1) or more licensed physicians for the purposes of providing primary medical care services to patients;
- (5) "Physician" means a person lawfully licensed to practice medicine pursuant to chapter 6 of this title or osteopathic medicine pursuant to chapter 9 of this title;

(6) "Physician assistant" has the same meaning as defined in § 63-19-102;

(7) "Primary care" means comprehensive first contact and continuing care for persons with any undiagnosed signs, symptoms, or health concerns in a variety of healthcare settings using consultation and referrals as appropriate; and

(8) "Primary care sponsoring physician" means a licensed physician, board certified or board eligible in primary care or internal medicine, who oversees the essential access practitioner candidate during the two (2) years of advanced training and skill enhancement as part of the essential access practitioner's doctoral program in medical science.

63-32-203.

The board has the duty to:

(1) Promulgate, in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5:

(A) All rules that are reasonably necessary for the performance of the duties of the essential access practitioner, including, but not limited to, rules that specify the acts and offenses that subject the licensee to disciplinary action by the board pursuant to subdivision (7);

(B) Rules that detail the range of primary care services that may be offered by an essential access practitioner; provided, however, an essential access practitioner may perform tasks that are within the essential access practitioner's range of skills and competence and are consistent with the protection of the health and well-being of patients; and

(C) All rules reasonably necessary for the transfer, suspension, and reinstatement of an essential access practitioner license;

(2) Set fees relative to the examination, licensure, and licensure renewal of essential access practitioners in an amount sufficient to pay all of the

expenses relative to administering this part and establish and collect a late renewal fee from those essential access practitioners who fail to renew their licenses in a timely manner;

(3) Review and approve or reject the qualifications of each applicant for initial licensure as an essential access practitioner;

(4) Biennially review and approve or reject the qualifications of each applicant for biennial licensure renewal. The board shall condition approval for renewal on receipt of evidence satisfactory to the board of the applicant's successful completion, within a two-year period prior to the application for license renewal, all required hours of accredited continuing medical education approved by the board. The board may, in its discretion, waive or modify the continuing medical education requirement in cases of retirement, illness, disability, or other undue hardship;

(5) Issue, in the board's name, all approved essential access practitioner licenses and renewals;

(6) Collect or receive all fees, fines, and moneys owed pursuant to this part and to pay the same into the general fund of the state. For the purpose of implementing subdivision (2), all fees, fines, and moneys collected pursuant to the regulation of an essential access practitioner must be designated as such; and

(7) Deny, suspend, or revoke the license of, or to otherwise discipline by a fine, not to exceed one thousand dollars (\$1,000), or by reprimand, a licensee who is guilty of violating this part or who is guilty of violating the rules of the board promulgated pursuant to subdivision (1). When sanctions are imposed on a licensee pursuant to this subdivision (7), the licensee may, in addition, be required to pay the actual and reasonable costs of the investigation and prosecution of the case, including the costs incurred and assessed for the time of

the prosecuting attorney or attorneys, the investigator, or investigators, and any other persons involved in the investigation, prosecution, and hearing of the case.

The board may limit, restrict, or impose one (1) or more conditions on a license at the time it is issued, renewed, or reinstated or as a sanction imposed at the conclusion of a disciplinary hearing.

63-32-204. To qualify for licensure as an essential access practitioner under this part, an applicant must possess a doctorate in medical science from a program that meets the following requirements:

(1) The doctor of medical science program must be a minimum of two (2) years of advanced graduate study beyond the physician assistant master's degree;

(2) The doctor of medical science program, or equivalent program, must be approved by a regional body under the United States department of education;

(3) The doctor of medical science program must be taught at a nationally accredited allopathic or osteopathic school, and the faculty consists of licensed physicians and other doctorate level educators;

(4) The initial application to the doctor of medical science program requires that the applicant has maintained a clinical practice with a minimum three (3) years of full-time equivalent clinical experience in family medicine, internal medicine, or emergency medicine as a licensed physician assistant in this state or in another jurisdiction that, at a minimum, satisfies the requirements of § 63-19-105; and

(5) The doctor of medical science program applicant must demonstrate the ability to continue clinical practice in primary care as part of a patient care team that includes a sponsoring primary care physician throughout the doctor of medical science training program.

63-32-205.

(a) No person shall represent to be or function as an essential access practitioner under this part unless the person holds a valid essential access practitioner

license issued by the board. The board shall not license a person as an essential access practitioner unless the person demonstrates to the satisfaction of the board that the person:

(1) Is a graduate of a doctor of medical science program that meets the requirements set out in § 63-32-204;

(2) Has successfully completed a national examination that has been approved by the board on the certification of essential access practitioners, with reexamination every ten (10) years or as required by the board; and

(3) Is working in a team-based care model and is affiliated or associated with a hospital or physician practice that provides primary care services. Nothing of this part prohibits an essential access practitioner from consulting with or referring other physicians with medical expertise beyond the expertise of the person seeking licensure as an essential access practitioner.

(b) For license renewals, the licensee must provide to the board documentation of effective team-based care, such as proof of good standing with a hospital medical staff or letters of recommendation from physician care team members.

(c) The board may require that an applicant for licensure as an essential access practitioner appear before the board to answer any questions regarding the applicant's fitness for licensure.

(d) A person licensed under this part as an essential access practitioner is subject to chapter 6 of this title, applicable to the practice of medicine and any rules adopted by the board.

63-32-206.

(a) The board shall provide for renewal of licenses for a person licensed under this part as an essential access practitioner in the same manner as provided in § 63-6-210 for medical doctors, with the further requirement that the renewal application includes documentary evidence of requirements outlined in § 63-32-205(a)(3).

(b) Every essential access practitioner shall biennially pay a licensing renewal fee as set by the board. In order for a license to be renewed, licensees shall also present evidence, as determined by the board, demonstrating to the board that the licensee in the two (2) years preceding the application for renewal successfully completed all required hours of continuing medical education and met all of the other requirements of this part. The board may, in its discretion, waive or modify the continuing medical education requirements in cases of retirement, illness, disability, or other undue hardship.

(c)

(1) When any essential access practitioner fails to renew the person's license and pay the biennial license fee within sixty (60) days after license renewal becomes due as provided in this section, the license of the person shall be automatically revoked at the expiration of the sixty (60) days after the registration was required, without further notice or hearing.

(2) Any person whose license is automatically revoked as provided in subdivision (c)(1) may make application in writing to the board for the reinstatement of the license and, upon good cause being shown, the board, in its discretion, may reinstate the license.

63-32-207.

(a) An essential access practitioner shall function only in collaboration with a patient care team.

(b) An essential access practitioner may perform those tasks that are within the essential access practitioner's range of skills and competence and that are consistent with the protection of the health and well-being of the patients, as determined by the board.

(c) Section 63-6-218 applies to a licensed essential access practitioner.

63-32-208.

An essential access practitioner rendering professional services inconsistent with this part is considered to be practicing medicine without a license and is subject to appropriate legal action by the board.

63-32-209.

All administrative proceedings for disciplinary action against a licensee under this part must be conducted by the board in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 2. Tennessee Code Annotated, Section 63-1-102(2), is amended by adding the following as a new subdivision:

() Essential access practitioner licensed under chapter 32, part 2 of this title;

SECTION 3. Tennessee Code Annotated, Section 63-1-109(a), is amended by adding the following new subdivision:

() "Essential access practitioner" for licensed practitioners with a doctorate in medical science that meets the qualifications in § 63-32-204;

SECTION 4. Tennessee Code Annotated, Section 53-10-104(a), is amended by inserting the language "an essential access practitioner pursuant to guidelines set by the board of medical examiners;" after the language "certified physician assistant;"

SECTION 5.

(a) The board of medical examiners shall promulgate rules, including emergency rules, to effectuate the provisions of this act no later than January 1, 2019. The rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(b) The board of medical examiners may form an advisory committee made up of representatives from the board and other stakeholders, which may include representatives from a school offering an essential access practitioner program, to assist in the rulemaking process.

SECTION 6. For rulemaking purposes, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect July, 1, 2018, the public welfare requiring it, and an essential access practitioner license shall be available by the board not later than July 1, 2019.

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2634

House Bill No. 2120*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1.

(a) As used in this section, "food desert relief enterprise" means a supermarket or grocery retailer that operates on a self-service basis, having at least fifty percent (50%) of revenue derived from the sale of groceries, produce, meat, baked goods, or dairy products, or a farmers market, in low-income, underserved areas of this state.

(b) The Tennessee Advisory Committee on Intergovernmental Relations (TACIR) is directed to perform a study of the potential, overall effects of creating a grant and loan program administered by the department of economic and community development to encourage the financing and development of food desert relief enterprises that sell fresh food in low-income, underserved areas of this state. It is the legislative intent that this study be conducted from TACIR's existing resources.

(c) The study shall include the benefits and costs of creating a special reserve fund in the state treasury to be known as the "Fresh Food Financing Fund" into which the revenue generated from six-hundred twenty-five ten thousandths percent (.0625%) of the rate of tax imposed by § 67-6-228(a) on retail sales of sugar-sweetened beverages is deposited for the sole use by the department to fund grants and loans awarded under the program.

(d) All appropriate state agencies and departments shall provide assistance to TACIR upon the request of its executive director. TACIR shall seek input from representatives of the supermarket and grocery retailer industry and the department.



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(e) TACIR shall submit a report disclosing the findings of the study and recommendations, including any proposed legislation or interim reports, to the state and local government committee of the senate, the state government committee of the house of representatives, and the local government committee of the house of representatives no later than February 1, 2019.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring

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Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1670*

House Bill No. 1695

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 63-10-207, is amended by adding the following as a new subsection (d):

(d)

(1) For the purpose of this subsection (d) only, "patient" means a patient from this state, or another state or territory, who was displaced by a disaster, as defined in § 58-2-101, when the patient is present in this state.

(2) A pharmacist in this state may, in good faith, dispense to a patient without proper authorization or a valid prescription the number of dosages of a prescription drug necessary to allow the patient to secure proper authorization or a valid prescription from the patient's prescriber.

(3) The amount of a prescription drug dispensed under this subsection (d) shall not exceed a thirty-day supply.

(4) Prescription information may be obtained from a prescription label, verbal medical order, verbal prescription order, or any other means determined to be legitimate in the professional judgment of the pharmacist.

SECTION 2. This act shall take effect July 1, 2018, the public welfare requiring it.



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Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1487

House Bill No. 1498*

by deleting all language after the enacting clause and substituting the following:

SECTION 1. Tennessee Code Annotated, Section 71-2-402, is amended by adding the following as a new subsection.

()

(1) A limited respite care services program is exempt from licensure under this part.

(2) For purposes of this subsection, "limited respite care services program" means a program that has as its sole purpose to provide primary caregivers of appropriate adults with relief from normal caregiving duties and responsibilities and:

(A) Is operated by a religious institution or religious organization that provides custodial care for aging adults and adults with limitations on activities of daily living:

(i) Who can function in a group setting;

(ii) Who can feed and perform toilet functions without the assistance of a personal aide accompanying them; and

(iii) Who attend no more than three (3) days each calendar week, no more than twelve (12) hours in any one (1) week, and no more than six (6) hours in any one (1) day;

(B) Is registered with the department pursuant to rule promulgated by the commissioner under § 71-2-412;



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(C) Maintains records that include, at a minimum, dates and times of each adult's attendance;

(D) Provides care services for less than fifteen (15) adults at the same time; and

(E) Does not administer medications to adults while under the program's care.

(3) The department is authorized to make site visits to a program in order to ensure compliance with the terms of the exemption permitted under this subsection ().

SECTION 2. This act shall take effect upon becoming law, the public welfare requiring

it.

House Health Subcommittee Am. #2

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1487

House Bill No. 1498*

by adding the following as a new subdivision () (3) at the end of the amendatory language of
Section 1, as amended, and appropriately redesignating the subsequent subdivision:

(3) For purposes of this subsection, "religious institution" or "religious
organization" means an entity exempt from registration as a bona fide religious institution
under § 48-101-502.



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Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2572

House Bill No. 2360*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 38-7-110, is amended by deleting the section and substituting instead the following:

(a) The records of the division of post mortem examination, the county medical examiner, or transcripts of the records certified to by the chief medical examiner or the deputy medical examiner or the duly appointed representative of the chief medical examiner, and the reports of the toxicology laboratory examinations performed by the testing laboratory or transcripts of the reports certified to by the director of the testing laboratory or the director's duly appointed representative, shall be received as competent evidence in any court of this state of the facts and matters contained in the records or reports.

(b) The records referred to in this section shall be limited to the records of the results of investigation, of post-mortem examinations, of the findings of autopsies and toxicological laboratory examinations, including certified reports of the toxicological laboratory examinations performed by the testing laboratory, and shall not include statements made by witnesses or other persons; provided, however, that persons who prepare reports or records given in evidence pursuant to this section shall be subpoenaed as witnesses, in either civil or criminal cases, upon demand by either party to the cause, or, when unable to appear as witnesses, shall submit a deposition upon demand by either party to the cause.



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(c) Subject to subsections (d), (e), and (f), the reports of and documents produced or used by the county medical examiners shall be confidential and privileged documents and shall not be public records. Reports of the medical examiner include: final autopsy reports, reports of investigation, and toxicology reports. Documents produced or used by the medical examiner include: medical records of deceased persons, law enforcement investigative reports, and photographs, video, and other images of deceased persons.

(d) Release of reports of the medical examiner are authorized as follows:

(1) To the district attorney general for use in pending or contemplated prosecution;

(2) To law enforcement agencies for conducting a criminal investigation or to alert law enforcement of possible criminal conduct;

(3) To the next of kin or legal representative of the deceased based on order of priority as provided in § 38-7-119(c)(1)(A);

(4) To the person in possession of a legal and properly documented records release request from the legal next of kin or legal representative of the deceased;

(5) To a court pursuant to a subpoena for documents and objects under Tennessee Rule of Criminal Procedure 17(d);

(6) To the department of health for the purposes of conducting a public health investigation for the outbreak of disease; and

(7) To an organ and tissue procurement agency for the purposes of procuring that decedent's organs or tissues.

(e) Release of photographs, video, and other images of deceased persons produced by the medical examiner are authorized to the following:

(1) To the district attorney general for use in pending or contemplated prosecution;

(2) To law enforcement agencies for conducting a criminal investigation or to alert law enforcement of possible criminal conduct; and

(3) To a court pursuant to a subpoena for documents and objects under Tennessee Rule of Criminal Procedure 17(d).

(f)

(1) Upon written petition by the district attorney general, supported by affidavit or testimony under oath from a law enforcement officer that the release of portions of a report of a county medical examiner, toxicological report, or autopsy report may seriously impede or impair the investigation of a homicide or felony, a court of record may order that those portions shall not be subject to disclosure and shall remain confidential. The court shall cause a record to be kept of any testimony given in support of the petition, which record and all related documentation shall be sealed by the court and open to inspection only by a court reviewing the proceedings.

(2) The court shall order to be held as confidential only those portions of the records the release of which would impede or impair any such investigation. The court may order disclosure of any record that has previously been protected from disclosure, upon written application of the district attorney general; provided, that the court shall order that the records shall be open to disclosure upon the indictment and arrest of all suspects in the underlying homicide or felony, or upon the closure of the investigation into the underlying homicide or felony. Upon the closure of the investigation, the law enforcement agency shall immediately inform the district attorney general, who shall, in turn, promptly notify the court of the altered status of the investigation.

(3) Any person aggrieved by an order directing that any portion of a report of a county medical examiner, toxicological report, or autopsy report shall remain confidential and not open for disclosure may petition the court having

entered the order to set aside or modify the order. A copy of the petition shall be served on the district attorney general. The court may order disclosure of the records previously sealed, upon the showing of a compelling reason for the disclosure. In any order granting a petitioner access to the records, the court may make provisions as it deems necessary in the order limiting further disclosure of the records.

(4) Nothing in this subsection (f) limits the right of any defendant in any criminal proceeding to obtain discovery of any report of a county medical examiner, toxicological report, or autopsy report as provided in Rule 16 of the Tennessee Rules of Criminal Procedure.

(g)

(1) If it is necessary to prepare a post-mortem examination report, then an authorized post-mortem official may obtain, in the manner prescribed in § 38-7-117, a needed medical, mental health, or hospital record pertaining to a case under investigation pursuant to § 38-7-106.

(2) As used in this subsection (g), "authorized post-mortem official" means:

- (A) The chief medical examiner;
- (B) A county medical examiner;
- (C) A medical investigator;
- (D) A coroner;
- (E) A deputy or assistant state medical examiner or forensic pathologist under the control or direction of the chief medical examiner; or
- (F) A deputy or assistant county medical examiner or forensic pathologist under the control or direction of a county medical examiner.

SECTION 2. This act shall take effect July 1, 2018, the public welfare requiring it.